

MINE HILL TOWNSHIP

FIRST AID SQUAD

10 Baker Street, Mine Hill, New Jersey 07803



Dear Applicant,

Thank you for your interest in joining the Mine Hill First Aid Squad!

Attached is the application, agreement, and waiver and consent.

Please fill out the entire application in its entirety including having the last page, the waiver and consent, notarized. You may go to Mine Hill Town Hall and have this application notarized free of charge.

Once you complete the application please bring the application to Town Hall and it will be submitted to the executive board and line officers for review. Once reviewed, you will be contacted for an interview.

If you have any questions about the application, becoming a member, what is required as a volunteer etc. please contact us directly.

Thank you and we look forward to meeting you!

Mine Hill First Aid Squad

Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Maiden Name (if applicable)

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____

Drivers License #: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Experience

Have you previously been, or a current member of any other First Aid Squad or Fire Department? YES NO

If you answered yes to the above question, please list all related memberships:

Squad/Dept. Name	Captain/Chief Name	Squad/Dept. Phone #	Member Since	Current Member?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Professional References

Name: _____ Phone: _____

Address: _____

Relationship: _____

Home/Cell Phone: _____

Years Known: _____

May we contact your reference? YES NO

Name: _____ Phone: _____

Address: _____

Relationship: _____

Home/Cell Phone: _____

Years Known: _____

May we contact your reference? YES NO

Name: _____ Phone: _____

Address: _____

Relationship: _____

Home/Cell Phone: _____

Years Known: _____

May we contact your reference? YES NO

WAIVER AND CONSENT

I, _____
(Name)

Residing at: _____
(Address)

(City) (State) (Zip)

DOB: _____ SS#: _____

Am hereby submitting my application for membership to join the Mine Hill First Aid Squad. I hereby waive any right to privacy I may have and hereby consent to, and authorize, the Mine Hill First Aid Squad and/or its officers or agents to conduct an investigation of my background to determine if I am of good moral character and that I have not been convicted of any criminal offense involving moral turpitude. The waiver granted herein, extends to all governmental agencies utilized in the investigation, including but not limited to Mine Hill Township and the Borough of Wharton.

I hereby authorize the Mine Hill First Aid Squad and the Wharton Police Department to apply for, request and obtain any relevant information from any local, state or federal law enforcement agency including another state, county or municipality.

I hereby consent to being fingerprinted for purposes of such investigation.

Full Name (Printed): _____

Full Name (Signature): _____

Notary Public

Sworn before me this _____ day of _____, 20__.

Notary Public
My commission expires on: _____

----- **MINE HILL FIRST AID SQUAD USE ONLY** -----

Date Application Received: _____

Application Reviewed by Board of Trustees: _____

Date Interview Scheduled for: _____

Date Application submitted for Background Check: _____

Motor Vehicle Check: _____

Date Application Approved: _____